

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4970PRI	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2008
NAME OF PROVIDER OR SUPPLIER HIGH DESERT STATE PRISON		STREET ADDRESS, CITY, STATE, ZIP CODE 22010 COLD CREEK ROAD INDIAN SPRINGS, NV 89070		
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S 000	Initial Comments This Statement of Deficiencies was generated as a result of survey conducted at your facility on 8/6/08 and completed on 8/12/08 in accordance with the Nevada Revised Statutes (NRS) 209.382(1). NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities. 1. The State Health Officer shall periodically examine and shall report to the Board semiannually upon the following operations of the Department: (a) The medical and dental services and places where they are provided, based upon the standards for medical facilities as provided in chapter 449 of NRS. (b) The nutritional adequacy of the diet of incarcerated offenders taking into account the religious or medical dietary needs of an offender and the adjustment of dietary allowances for age, sex and level of activity. (c) The sanitation, healthfulness, cleanliness and safety of its various institutions and facilities. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	S 000		
S 088	NAC 449.316 Physical Environment 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.	S 088		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 088	Continued From page 1 This Regulation is not met as evidenced by: Based on observations on 8/6/08, the correctional center did not ensure that 9 of 20 inpatient medical rooms were safe for inmates. The facility did not ensure that the insulation covering the hot water pipes in the kitchen was maintained in a safe manner. Findings include: The inpatient medical rooms were observed. Rooms M4, M5, M6, M9, M15, M16, M17 and M20 were missing cable outlet covers. The cable outlet cover located in Room M2 had been twisted and was bent in half. The dishwashing area in the kitchen was observed. The insulation covering all of the hot water pipes had become detached from the metal surface of the pipes.	S 088		
S 115	NAC 449.325 Infections and Communicable Diseases 1. A hospital shall: (a) Provide a sanitary environment to avoid sources and transmission of infections and communicable diseases This Regulation is not met as evidenced by: Based on observation and interview on 8/6/08, the correctional center did not provide a sanitary environment. Findings include:	S 115		

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S 115	Continued From page 2 The trauma/treatment room was inspected. A drawer was observed storing several sterile intravenous (IV) start kits and nebulizer kits. A staff person reported the nebulizer kits were used and belonged to inmates receiving frequent nebulizer treatments. The staff person removed the sterile IV start kits from the drawer storing the used nebulizer kits and located them to another area in the trauma/treatment room.	S 115		
S 126	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (a) The standards for the control of infection established by the infection control officer of the hospital This Regulation is not met as evidenced by: Based on record review, observations and interviews on 8/6/08, the correctional center did not ensure that staff followed policy regarding the sterilization of instruments. Findings include: The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that the sterilization procedure for all autoclaves, medical and dental, was found in Medical Directive #426. Medical Directive #426 was reviewed. The policy indicated the following: - Biological testing will be done at a minimum of once a week. - The numerical batch control system will be started at the same time that bacterial testing is	S 126		

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S 126	<p>Continued From page 3</p> <p>started. All autoclave batches will be numbered and logged in a ledger and that number will also be placed on the individual instrument packages.</p> <ul style="list-style-type: none"> - Instrument packets will be marked with the load control number prior to placing into the autoclave. An expiration date may also be included on the packets. The load control number will consist of a six-digit number. - Biological testing is the introduction of a live bacterial spore, in a contained medium, within the autoclave. For a positive test result, immediately retest, and recall all instruments if the retest is positive. Recalled instruments will not be used and will be resterilized once a negative growth culture has been obtained. - A log ledger will be maintained showing the load control number, expiration date, initials of the operator, dates of testing, results of tests, and load control number of the tested batch. <p>The medical unit was observed. Medical staff reported they did not keep a log on the instruments that were sterilized in the autoclave per Medical Directive #426. Staff stated they only kept a log of the biological test results. Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426.</p> <p>The dental unit was observed. Dental staff reported they did not keep a log on the instruments that were sterilized in the autoclave per Medical Directive #426. Staff stated they only kept a log of the biological test results. Sterilized instrument packages were observed. None of the packages were marked with the required information as outlined in Medical Directive #426. Staff reported they test the dental autoclave weekly and had experienced only two positive biological tests in the past five years. When</p>	S 126		

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S 126	Continued From page 4 asked if the dental instruments were held until the results of the biological test came back, staff stated the instruments were put into use without waiting for the test results. Staff stated that if the test results came back positive, they would not be able to track the instruments that were run with the positive biological test and those instruments would have been used on other inmates. Staff reported they did not have enough instruments to wait until the test results came back.	S 126		
S 128	NAC 449.327 Sterile Supplies and Medical Equipment 2. A hospital which prepares, sterilizes and stores its supplies and equipment directly shall develop systems and standards that are consistent with: (c) When applicable, the manufacturer's guidelines for the use and maintenance of the equipment. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/08, the correctional center did not ensure staff were following the manufacturer's guidelines for the instrument autoclave. Findings include: During an interview with a staff person, she reported that Employee #13 sterilized the instruments for the medical unit. The staff person further reported that Employee #13 ran a biological spore monthly. The manufacturer's guidelines belonging to the autoclave were reviewed. The guidelines indicated that a biological spore should be run weekly or every day if the autoclave was used daily.	S 128		

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S 128	Continued From page 5	S 128			
S 129	<p>NAC 449.327 Sterile Supplies and Medical Equipment</p> <p>3. If the supplies and equipment are sterilized on the premises of a hospital, the process of sterilization must be supervised by a person who has received specialized training in the operation of the process of sterilization, including training in methods of testing the process to verify the efficiency of the process of sterilization. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/08, the correctional center did not ensure the individuals responsible for sterilizing instruments (medical and dental) received training on the use of the instrument autoclaves.</p> <p>Findings include:</p> <p>Employee #13 - This employee was identified as a registered nurse and the individual responsible for sterilizing instruments for the medical unit. His employee file did not contain evidence he had been trained to use the instrument autoclave. The director of nursing confirmed during an interview that Employee #13 had never been formally trained on how to use the instrument autoclave.</p> <p>Employee #14 - This employee was identified as the individual responsible for sterilizing</p>	S 129			

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S 129	Continued From page 6 instruments for the dental unit. Her employee file did not contain evidence she had been trained to use the instrument autoclave. The employee reported during an interview that the only training she had received on the use of the instrument autoclave was from previous employers. The policy and procedure manual was reviewed. A policy titled Sterilization/Contamination indicated that nursing staff must be trained on the use of the autoclave and receive an annual review on the use of the autoclave.	S 129		
S 175	NAC 449.338 Dietary Services 6. In providing for the preparation and serving of food, a hospital shall: (a) Comply with the standards prescribed in chapter 446 of NRS and the regulations adopted pursuant thereto This ELEMENT is not met as evidenced by: Based on observation, interviews, and record review on 8/6/08, the correctional center did not ensure that food was stored, prepared, distributed, and served under sanitary conditions as prescribed in chapter 446 of NRS. Findings include: During an inspections of the facility's kitchen at 9:30 AM, the following observations were made: Refrigerators: For cooler #1 (milk storage), the temperature log indicated that on 8/4/08 the noon temperature reading was 49 degrees and the PM temperature reading was 49 degrees. In cooler #3, the floors were dirty and a casserole in a large pan had not been covered, labeled, or dated.	S 175		

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S 175	<p>Continued From page 7</p> <p>Food Storage: In the dry storage room, three large bags of tortilla chips were torn at the top and left unsealed.</p> <p>Personnel: In the baking area, two workers did not change their gloves between working with food and equipment. Many workers throughout the kitchen drank from cups without lids and left them at their food preparation areas.</p> <p>Sanitizing solution: At the three-compartment sink, there was no kit for testing the concentration of the sanitizing solution. The inmate working at the sink stated that he used one cup of sanitizer for 25 gallons of water. A subsequent telephone interview with Employee #15 on 8/11/08 revealed that this dilution was incorrect; five capfuls of sanitizer were to be used with 25 gallons of water.</p> <p>Tray-drying cart: On the tray-drying cart, wet trays were stacked on top of each other rather than stored upright to be air-dried. The shelf above the clean trays had evidence of food residue and hardened liquid spills.</p> <p>Sinks for washing hands: Some of the kitchen sinks used for washing hands did not include a soap dispenser. According to Employee #16, the facility had provided dispensers at each sink, but workers periodically took them.</p> <p>Preparation and service of ice: The ice scoop was stored on the lid of a food storage container three feet away from the ice machine. Employee #16 stated that he was</p>	S 175		

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S 175	Continued From page 8 planning to attach a scoop container to the ice machine and attach a long coil between the scoop and container. Employee #16 also stated that there was no record as to when the ice machine had last been cleaned.	S 175		
S 181	NAC 449.3385 Dietary Personnel 2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets. 3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/08, the correctional facility did not ensure the culinary department was under the direction of a registered dietitian. Findings include: During a tour of the culinary department, the administrative services officer provided documentation that menus had been reviewed by a dietitian on 6/12/08. There was no documentation that in-service training for food service personnel had been provided by the dietitian consultant. The officer stated that the	S 181		

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S 181	Continued From page 9 dietitian did not conduct in-service training for culinary staff because she had never been to the correctional center.	S 181			
S 183	NAC 449.3385 Dietary Personnel 5. Personnel of the dietary service must: (a) Be trained in basic techniques of food sanitation; This Regulation is not met as evidenced by: Based on interview on 8/11/08, the facility did not ensure that kitchen personnel had been trained in the basic techniques of food sanitation. Findings include: During a telephone interview at 3:00 PM, Employee # 15 stated that while some food service personnel were provided with training in food sanitation, there was no system in place to ensure that new workers in the kitchen were trained in food sanitation and infection control.	S 183			
S 219	NAC 449.340 Pharmaceutical Services 5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation and record review on 08/06/08, the correctional center did not ensure drugs and biologicals were controlled and distributed in a manner consistent with applicable state and federal laws. Findings include:	S 219			

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S 219	<p>Continued From page 10</p> <p>The following medications were found to be expired:</p> <p>Medications found in the autoclave room:</p> <ul style="list-style-type: none"> - One bottle of Fluoxetine 10 mg - expired 06/2008. - One 1000 ml bag of 5% Dextrose and .45% Sodium Chloride - expired 01/2007. - One 1000 ml bag of 5% Dextrose - expired 01/2007. - Three 1000 ml bags of 5% Dextrose - expired 01/2006. - Eight 1000 ml bags of 5% Dextrose - expired 07/2008. <p>Medications found in the pharmacy room:</p> <ul style="list-style-type: none"> - One bottle of Neomycin/Polymyxin B. Sulfate Hydrocortisone Otic Suspension - expired 07/2008. - One bottle of 1000 Goldline Phenylgesic tablets - expired 05/2008. - Four tubes of Triple Antibiotic Ointment - expired 07/2008. <p>The correctional center's policy titled, Returning Medication to Pharmacy indicated "on a bi-monthly, or as needed basis, expired medication will be removed from institutional medication room shelves by the DONS [Director of Nursing] or designee."</p>	S 219		
S 255	<p>NAC 449.349 Emergency Services</p> <p>1. A hospital shall meet the emergency needs of its patients in accordance with nationally recognized standards of practice. This Regulation is not met as evidenced by: Based on observation on 8/6/08, the correctional center did not ensure expired supplies were removed from the emergency crash cart.</p>	S 255		

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S 255	Continued From page 11 Findings include: The crash cart was inspected. The crash cart contained a box of twenty defibrillator pads that had expired in April of 2007.	S 255		
S 339	NAC 449.363 Personnel Policies 4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job. This Regulation is not met as evidenced by: Based on record review on 8/6/08, the correctional center did not ensure that 1 of 12 employees had evidence of training in cardiopulmonary resuscitation (CPR). Findings include: Employee #8 - The employee's file did not contain evidence of CPR training. A policy and procedure titled, "Emergency Medical Response Procedure" indicated that all medical division staff should maintain current certification in Basic Life Support (BLS).	S 339		
S 340	NAC 449.363 Personnel Policies 5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: NAC 441A.370 Correctional facilities: Testing and	S 340		

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S 340	<p>Continued From page 12</p> <p>surveillance of employees and inmates; investigation for contacts; course of preventive treatment for person with tuberculosis infection; documentation.</p> <p>1. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial employment by the correctional facility.</p> <p>2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility.</p> <p>3. If a tuberculosis screening test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually.</p> <p>4. If a skin test administered pursuant to subsection 1 or 2 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis.</p> <p>Based on record review from 8/6/08 to 8/12/08, the correctional center did not ensure that 4 of 12 medical staff were in compliance with NAC 441A regarding tuberculosis (TB).</p> <p>Findings include:</p> <p>Employee #2 - Date of hire was 8/22/07. The employee's file contained a TB signs and symptoms form completed in 2008. The file did not contain a copy of a negative chest x-ray report. The file also did not contain a positive skin test or a statement from a physician</p>	S 340		

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NAME OF PROVIDER OR SUPPLIER HIGH DESERT STATE PRISON			STREET ADDRESS, CITY, STATE, ZIP CODE 22010 COLD CREEK ROAD INDIAN SPRINGS, NV 89070		
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S 340	<p>Continued From page 13</p> <p>acknowledging the employee had a positive TB history.</p> <p>Employee #4 - Date of hire was 8/7/06. The employee's file contained a negative chest x-ray report dated 3/3/06 and TB signs and symptoms forms for 2007 and 2008. The employee's file did not contain a positive skin test or a statement from a physician acknowledging the employee had a positive TB history.</p> <p>Employee #5 - Date of hire was 11/22/99. The employee's file contained multiple TB sign and symptom forms completed in 2000 through 2008. The file did not contain a copy of a negative chest x-ray report. The file also did not contain a positive skin test or a statement from a physician acknowledging the employee had a positive TB history.</p> <p>Employee #10 - Date of hire was 10/07. The employee's file contained evidence of a one-step TB skin test completed on 1/18/08. The file did not contain the required second-step TB skin test.</p>	S 340			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.